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Substitute for form 1449/PTO			Complete if Known		
			Application Number	Unknown	
IN	FORMATION D	SCI OSLIDE	Filing Date	Herewith	
			First Named Inventor	Robert M. Steinhoff	
S	TATEMENT BY		Art Unit	Unknown	
(Use as many sheets as necessary)			Examiner Name	Unknown	
Sheet	1 of	1	Attorney Docket Number	TI-35705	

Examiner	Cite	Document Number	Publication Date	DOCUMENTS  Name of Patentee or	Peges, Columns, Lines, Where
Initials*	No.1	Number-Kind Code <sup>2 (f known)</sup>	MM-DD-YYYY	Applicant of Cited Document	Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	
		Country Code <sup>3</sup> "Number <sup>4</sup> "Kind Code <sup>3</sup> (if known)	MM-DD-YYYY			T°
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Examiner Signature	/Ronald W. Leja	(09/28/2006)	Date Considered	09/28/2006

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